

# Helping Consumers Who Have Attempted But Have Not Completed Enrollment

## Tips for In-person Enrollment Assistors

### **I. The consumer is stuck somewhere in the application.**

The main options are:

1. Help the consumer "Remove" the current application in progress
  - a. Have the consumer Login to their account – select the application in progress and then choose to "Remove" their application.
  - b. Have the consumer close out their web page and then log back in using their same account.
  - c. The consumer can then start a brand new application.
2. If you are unable to "remove" the consumer's application or you continue to get stuck at some point in the application process -- you can call the Call Center (1-800-318-2596) and they can escalate the problem to a caseworker.

### **II. The consumer submitted a paper application, but hasn't heard anything.**

There are several options – as the consumer may have an eligibility determination in the system even though they haven't heard back:

1. Call the Call Center (1-800-318-2596) – they can look up whether or not the consumer has an eligibility determination in the system and can provide the consumer's application ID #. Once the consumer has their application ID # and confirmation that an eligibility determination IS in the system you and the consumer can:
  - a. Go to [healthcare.gov](http://healthcare.gov) and create an account.
  - b. Once you login – you can retrieve the eligibility determination by entering the application ID.
  - c. You and the consumer can then view plans options online and select one to enroll in.

If the Call Center was unable to pull up the consumer's eligibility determination and application ID #, you could:

2. Start a new application online – create an account, fill out the online application, receive a new eligibility determination.



Health Insurance Marketplace

### III. The consumer only wants to submit a paper application.


***NOTE: for the paper scenario – a consumer MUST select a plan by December 23<sup>rd</sup> in order to be guaranteed the ability to enroll in a plan with coverage beginning on January 1<sup>st</sup>, 2014. The consumer should mail in the application allowing ample time for processing of the application and the sending of the paper eligibility determination notice. We highly recommend whenever possible that you assist the consumer using the online application tool in order to ensure the consumer is able to complete the entire process and select a plan before December 23<sup>rd</sup>.***

1. Fill out the paper application by downloading it from healthcare.gov
  - Both the paper application and accompanying instructions can be downloaded on the Healthcare.gov website (under the section titled “Apply with a paper application”): <https://www.healthcare.gov/how-do-i-apply-for-marketplace-coverage/>
  - If possible, the consumer should supply their email address and indicate that they want to receive an email notification in addition to having it mailed to them (this could speed up the process)
  - In Appendix C, have the consumer enter your information in the section entitled “For certified application counselors, navigators, agents, and brokers only” at the bottom of Appendix C. You will get credit for assisting the consumer in completing the paper application only if Appendix C is filled out correct.
2. The consumer MUST mail the paper applications themselves. They should mail the application and appendices (if applicable) to:

**Health Insurance Marketplace  
Dept. of Health and Human Services  
465 Industrial Blvd.  
London, KY 40750-0001**

When mailing the application, be sure the consumer uses the correct amount of postage. The postage rate will depend on the weight of your application, which will be based on the number of pages included.

3. Once the Marketplace receives the paper application, it should be processed within 3-5 business days -- ***NOTE: The process will be longer if the consumer’s application is not complete or has errors which require the eligibility support contractor to make outbound calls to the consumer before completion of processing.***
4. Once the application is processed, a consumer will receive a notice in the mail and you can make a follow-up appointment to help the consumer shop for a plan:
  1. To shop for a plan, consumer will need to create an account on healthcare.gov; enter the consumer’s application ID # from the notice they received in the mail; continue to shop in plan compare.

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2. OR: Call the Call Center – they can pull up the eligibility determination with the consumer’s application ID and can talk them through the plan options and help the consumer select a plan
    - i. You can also look at the expanded plan info on [healthcare.gov](http://healthcare.gov) so that you can see the plan’s full details and tell the call center rep which plan they should enroll the consumer in.

#### **IV. The consumer is eligible for Medicaid or CHIP. What are the next steps?**

1. The Health Insurance Marketplace will automatically send the consumer’s information to the state Medicaid or CHIP agency. The consumer does not need to take any additional action to finalize their Medicaid or CHIP application. The Medicaid or CHIP agency will then send the consumer information directly on benefits and services.
    - If the Marketplace says the consumer *may* be eligible, the Medicaid or CHIP agency will take additional steps to confirm the consumer eligibility. The consumer should not need to apply again. In most cases, the Medicaid or CHIP agency will have all the information it needs to determine the consumer’s eligibility and process the enrollment, and, in some cases, they may send the consumer a letter to ask for more information to complete the application. The consumer will receive a notice about their eligibility, with information about how to use their benefits.
  2. If the consumer has not heard back from the Medicaid or CHIP agency, then he/she can contact the state’s Medicaid or CHIP agency to find out if they are eligible or if they need more information. You can find the contact information for your state’s Medicaid and CHIP agencies at [healthcare.gov](http://healthcare.gov) or by contacting the Call Center.
    - As of December 1, 2013 the Marketplace has not transferred the applications (or accounts) over to the Medicaid and CHIP agencies due to systems issues, but it has sent the Medicaid agencies the names of the people who have been determined or assessed as Medicaid or CHIP eligible (called a “flat file”). When your consumer calls to find out the status of the application, the Medicaid agency can check this list and confirm that the application is in the system and will be processed as soon as it is received.
    - On November 29, 2013, CMS made available a new process for states to enroll people who have been assessed or determined eligible for Medicaid or CHIP based on the information sent to the Medicaid and CHIP agencies through these “flat files.” This will help expedite enrollment in states that pick up the new option. CMS will publish the list of states that are taking up this new enrollment option on [Medicaid.gov](http://Medicaid.gov).
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